

## Form CPF 18A: Report of Independent Expenditure FOLITICAL Promoting Election or Defeat of Candidate(s)

## Office of Campaign and Political Finance

Commons	بالأعب
of Manne	bereett

Signature

Massachusetts							
Office of Campaign an One Ashburton Place Boston, MA 02108 (617) 727-8352.	d Political Finance						
1. Date of Rep	ort:	SGPT 6MOG 8 7006  (Must be filed within 7 business days of expenditure(s) in excess of \$100.00 in aggregate)					
i. Date of Rep	OIL. (1	Must be filed wit	hin 7 business days of	expenditure(s) in expenditure	ccess of \$100.00 in aggre	gate)	
	(AM I. D.	MASS. NURSES ASSOCIATION					
2. Expenditure	(s) Made By:	(Name of individual or group making expenditure)					
		340 TURNPIUE ST CANTON 02021 Street Address City/Town Zip					
		540011		•	,	—p	
Name of Ca	ndidate(s) For Wh		Expenditure(s) Ele	$\sim$	•		
		A	STONIO 1	ABRAI	/ STATE RE	PRESGN747N	
	<del></del>				AND THE PROPERTY OF THE PARTY O		
						· · · · · · · · · · · · · · · · · · ·	
1. Expenditure	(s):						
Date Paid	To Whon		Address		Purpose	Amount	
9/4/06	The Standon	d Times	PO Box 5912 1	Dedford	A-O	1425.38	
	<u></u>			1			
l hereby certify	the expenditures r	noted are inden	endent expenditure	s, as defined by	M.G.L. c.55, section	18A:	
(1) the individu	al(s) or group who	made the exp	enditure(s) describe	ed herein did not	solicit or receive any	contributions in	
contemplati	on of such expend	liture(s); and	enditure(s) describ	ed herein did not	cooperate, consult o	r act in concert with	
(2) the individuous or at the rec	ai(s) or group with	of any candid	late, or political cor	nmittee organize	ed on behalf of any ca	ındidate, or any	
agent of a c	andidate or any p	olitical commi	ttee in making such	expenditure(s).			
	.1 11	da hamaim	are true and accura	•			
I further certify	that all statement	s made nerem	are true and accura	<b></b>			
Signed under t	he penalties of pe	erjury:					
$\bigcap$ $\bigcap$	01 _		1 ,	CHARLES STEFANIM LEGISLATION/DIRECTOR			
1 / X /	*	9/	18/06	しそららし	+ Trow/DIREC-	708	
Signature	<del>'U</del>		Date	Print Name of In	dividual Signer and	Title (if signing on	

behalf of a group)